

## Employee Health Questionnaire

In accordance with Wisconsin Administrative code Chapter HSF 124.07-(5)

LAST NAME (print)	FIRST NAME	MIDDLE INITIAL	DEPT.
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I am in good health and condition to perform my job to assure the resident/patient/client's health, safety, and welfare is met.

YES

NO  If no, please explain: \_\_\_\_\_

Have you been **diagnosed** or been **exposed** to any communicable disease (Pertussis, Varicella, Measles, Mumps, Rubella, etc.) in the past **12 months**?

YES  If yes, what and when? \_\_\_\_\_

NO

### SYMPTOM EVALUATION

YES  NO  **Recent TB symptoms:** Persistent cough lasting three or more weeks AND one or more of the following symptoms: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue

### RISK FOR TB INFECTION

YES  NO  **Birth, residence or travel (for  $\geq 1$  month) in a country with a high TB rate**

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- Travel is of extended duration or including likely contact with infectious TB.

YES  NO  **Close Contact to someone with infectious TB disease**

### RISK FOR PROGRESSION TO TB DISEASE

YES  NO  **Human Immunodeficiency virus (HIV) Infection**

YES  NO  **Current or planned immunosuppression** including receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone  $\geq 15$  mg/day for  $\geq 1$  month), or other immunosuppressive medication **in combination with risk for infection from above**

As a health care organization, we advocate annual examinations with your primary physician.  
*This information is true and correct to the best of my knowledge. I understand this information will be filed in my Employee Health file only.*

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian (if under age 18)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Employee Health Only**

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- A TB risk assessment has been completed for the individual named below. No risk factors for TB were identified.*
- A TB risk assessment has been completed for the individual named below. Risk factors for TB have been identified; further testing is recommended to determine the presence or absence of tuberculosis in a communicable form.*

*Based on the information provided by the employee, the individual is free from clinically apparent active communicable disease.*

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Employee Health Nurse

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date